



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 9637

|                                    |   |                     |                               |                                       |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|
| <b>SERIAL NUMBER</b><br>09/943,550 | <b>FILING DATE</b><br>08/30/2001<br><b>RULE</b> | <b>CLASS</b><br>607 | <b>GROUP ART UNIT</b><br>3762 | <b>ATTORNEY DOCKET NO.</b><br>AB-146U |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|

**APPLICANTS**  
William Vanbrooks Harrison, Valencia, CA;  
Todd K. Whitehurst, Sherman Oaks, CA;

**\*\* CONTINUING DATA \*\*\*\*\*** JPO  
THIS APPLN CLAIMS BENEFIT OF 60/236,420 09/28/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** JPO

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
\*\* 10/03/2001

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>26 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature <i>James P. Osipova</i> Initials <i>JPO</i>   |                               |                            |                           |                                |

**ADDRESS**  
000023845

**TITLE**  
Systems and methods for modulation of circulatory perfusion by electrical and/or drug stimulation

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>409 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------------|---|---|